

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10705706 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	X					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	2					
23	1					
24						
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	14					
TOTAL CLAIMS	16					

IND	DEP	IND	DEP	IND	DEP
51					
52					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					